

Oct. 27. 2020 5:04PM

No. 7237 P. 1

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoApplication for a Class E Household Goods
Certificate from Leroy Williams II
dba Anytime MoversBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 - 260 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Leroy Williams II

Telephone:

843-229-4884

Address:

367 Fox Squirrel Circle
Columbia, SC 29209

Fax:

Other:

Email:

Leroywill22@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☒ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate
of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED

OCT 29 2020

PSC SC
CLERK'S OFFICE

js

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No. 7237 P. 2

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: October 26, 2020

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1. Anytyme Movers LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

367 Fox Squirrel Circle Columbia SC 2920

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-229-4884

Phone

FAX

Leroywill22@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles	35 000	Loans Owed on Motor Vehicles	8 000
Cash on Hand	5 000	Business/Other Loans Owed	30 000
Cash in Bank	3 000	Other Liabilities or Debts	
Value of Other Assets and Equipment		Total Liabilities	38 000
Total Assets	43,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

1 Man (3 hr minimum) \$ 185 , \$ 55/hr each additional hrs
 2 Men (3 hr minimum) \$ 295 , \$ 95/hr each additional hrs
 3 Men (3 hr minimum) \$ 375 , \$ 105/hr each additional hrs

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported; (Check one)

☒ Household Goods, as defined in R103-210(1)☐ Hazardous Wastes, as defined in R103-210(2)Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Leroy Williams II

Name of Applicant

367 Fox Squirrel Circle Columbia, SC 29209

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**
 Liability Insurance \$ 11,979
~~750,000~~
Limits 750,000
 Cargo Insurance \$ 2,500
Limits 2,500

* Attach Certificate of Insurance if available.

Progressive Northern Insurance Co

Name of Insurance Company

P.O. Box 94739 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance

WIL PLYLER INS AGY
596 HERRONS FERRY RD
ROCK HILL, SC 29730

PROGRESSIVE
COMMERCIAL

Named insured

ANYTYME MOVERS, LLC
367 FOX SQUIRREL CIRCLE
COLUMBIA, SC 29209

Policy number: 02814629-0

Underwritten by:
Progressive Northern Insurance Co
October 23, 2020
Policy Period: Oct 22, 2020 - Oct 22, 2021
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-803-366-4196

WIL PLYLER INS AGY

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.
PO Box 94739
Cleveland, OH 44101

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of October 22, 2020 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on October 22, 2021 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852SC (12/05), 4757SC (08/12), 4852SC (01/10), 4881SC (02/11) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$11,979
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			142
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			126
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		25
Subtotal policy premium			\$12,272
South Carolina Uninsured Motorist Fund charge			2
Total 12 month policy premium and fees			\$12,274

Rated driver

1. LEROY WILLIAMS

Policy number: 02814629-0
ANYTYME MOVERS, LLC
Page 2 of 2

Auto coverage schedule

1. **2012 Ford F750 Super Duty**

VIN: 3FRNF7FA1CV187180

Garaging Zip Code: 29209

Radius: 100

Liability Premium	Liability	UM	UIM	Med Pay	Auto Total
	\$11,979	\$142	\$126	\$25	\$12,272

Important Cancellation Information

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

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Exhibit Fit, Willing, and Able (FWA)Anytyme Movers LLC

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann, Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Richland)

SWORN TO BEFORE ME
This 27th day of October, 2020


Notary Public MICHELLE MESSNER
MY COMMISSION EXPIRES

Commission Expires 9-18-28

Oct. 27, 2020 5:06PM

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Leroy Williams II dba Anytyme Movers LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Leroy Williams II, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 27 day of October, 2020

Michelle Messner
Notary Public

Commission Expires

MICHELLE MESSNER
MY COMMISSION EXPIRES
12.31.20

[Signature]
Applicant's Signature

Print Application

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

Anytime Movers LLC

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:**

Important Dates

Effective Date 02/28/2018

:

**Expiration N/A
Date:****Term End N/A
Date:****Dissolved N/A
Date:**

Registered Agent

Agent: Leroy Williams II**Address:** 652 E McIver Rd
Florence , South Carolina 29506

Official Documents On File

Filing Type	Filing Date
Articles of Organization	02/28/2018

For filing questions please contact us at **803-734-2158**

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STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company — Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Anytyme Movers LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "CC.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
6311 Old Leesburg Rd

(Street Address)

Hopkins, South Carolina 29061

(City, state, Zip code)

3. The initial agent for service of process is
Leroy Williams II

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

6311 Old Leesburg Rd

(Street Address)

Hopkins, South Carolina 29061

(City, state, Zip code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Leroy Williams II

(Name)

6311 Old Leesburg Rd

(Street Address)

Hopkins, South Carolina 29061

(City, state, Zip code)

Anytyme Movers LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, state, Zip code)

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, state, Zip code)

(b)

(Name)

(Street Address)

(City, state, Zip code)

7. Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

Anytyme Movers LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Leroy Williams II

Signature of Organizer

Date: 02/28/2018

Signature of Organizer

Date: _____